	Docum			
ormation to identify your	case:			
Joseph D. Dinenr	10			
First Name	Middle Name	Last Name		
First Name	Middle Name	Last Name		
Bankruptcy Court for the:	EASTERN DISTRICT (	OF PENNSYLVANIA		
18-12294				
				☐ Check if this is an amended filing
				amended ming
	Joseph D. Dinenr First Name  First Name  Bankruptcy Court for the:	Joseph D. Dinenno First Name Middle Name  First Name Middle Name  Bankruptcy Court for the: EASTERN DISTRICT C	Joseph D. Dinenno  First Name Middle Name Last Name  First Name Middle Name Last Name  Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	Joseph D. Dinenno First Name Middle Name Last Name  First Name Middle Name Last Name  Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Pa	t 1: Summarize Your Assets		assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	559,400.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	196,424.61
	1c. Copy line 63, Total of all property on Schedule A/B	\$	755,824.61
Pa	t 2: Summarize Your Liabilities		
			liabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	359,400.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	6,306.10
	Your total liabilities	\$	365,706.10
Pa	t 3: Summarize Your Income and Expenses	1	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,799.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,556.29
Pa	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other so	chedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona	l, family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

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Debtor 1 Joseph D. Dinenno

Page 2 of 43 Case number (if known) 18-12294

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form \$ 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,799.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total cla	im
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

C	ase 10-12294-1		_	cument	Page 3 of 43	12/10 12.	04.00 L	resc iviali	1
Fill in this in	nformation to identify	your case and th			. 440 0 01 40				
Debtor 1	Joseph D. D.	inonno							
DODIOI 1	Joseph D. D First Name		e Name		Last Name				
Debtor 2									
(Spouse, if filing)	) First Name	Middle	e Name		Last Name				
United State	s Bankruptcy Court for	the: EASTERN	DISTRI	CT OF PENN	SYLVANIA				
Case numbe	er <b>18-12294</b>				-			☐ Check if amende	f this is an ed filing
Sched n each catego hink it fits be	st. Be as complete and a	roperty escribe items. List	le. If two	married people	an asset fits in more than o e are filing together, both a e top of any additional pag	re equally resp	onsible for su	pplying correc	t
nswer every						, ,		( )	,
— res. wr	nere is the property?		What	is the property	<b>√?</b> Check all that apply				
2262 L	_aurel Road		_	Single-family h		Do not dec	duct secured cla	ims or exemption	ons Put
Street add	dress, if available, or other des	cription		Duplex or mult	ti-unit building or cooperative	the amoun	it of any secured Who Have Clain	l claims on <i>Sch</i>	edule D:
Narvo		17555-0000		Land	or mobile home	entire pro		Current value	own?
City	State	ZIP Code			operty	Describe	59,400.00 the nature of yo	our ownership	
			Who	has an interest Debtor 1 only	t in the property? Check one		te), if known.		
Lanca	ster			Debtor 2 only					
County				Debtor 1 and I	Debtor 2 only	□ Chec	k if this is com	munity propert	ty
				7 tt 10d0t 0110 01	f the debtors and another	(see in	structions)	In a bar.	•
				r information ye erty identificati	ou wish to add about this i on number:	tem, such as lo	ocal		

Official Form 106A/B Schedule A/B: Property page 1 Case 18-12294-ref Doc 10 Filed 04/12/18 Entered 04/12/18 12:04:06 Desc Main Document Page 4 of 43

Debt	or 1 Joseph D. Dinenno	Cas	se number (if known) 18-	12294
	If you own or have more than o	ne, list here:		
1.2	-	What is the property? Check all that apply		
_	149 Ding Dang Road	Single-family home	Do not deduct secured cl	
	Street address, if available, or other description	☐ Duplex or multi-unit building		ed claims on Schedule D: ims Secured by Property.
		Condominium or cooperative	Orcanors vino riave ora	inis occured by 1 roporty.
		_		
		☐ Manufactured or mobile home	Current value of the	Current value of the
	Wellsboro PA 1690	1-0000	entire property?	portion you own?
	City State ZIF	Code Investment property	\$200,000.00	\$200,000.00
		☐ Timeshare	Describe the nature of	your ownership interest
		Other		nancy by the entireties, or
		Who has an interest in the property? Check one	a life estate), if known.	
		■ Debtor 1 only	Fee simple	
	Tioga	Debtor 2 only		
-	County	Debtor 1 and Debtor 2 only		
		☐ At least one of the debtors and another	Check if this is cor (see instructions)	mmunity property
			,	
		Other information you wish to add about this it property identification number:	em, such as local	
		Cabin and land located at 149 Ding D	Dang Road, Wellsboro	o, PA 16901
		This property is the sole asset owne	d by a corporation, D	ing Dang, Inc.
		which is solely owned by the Debtor		
		Value based on comparable home va	alues	
		Purchased in 1980 for \$73,000		
2 4	Add the dollar value of the portion v	ou own for all of your entries from Part 1, including ar	ny entries for	
		Write that number here		\$559,400.00
Part 2	2: Describe Your Vehicles			
ı arız	Describe rour vernicles			
		able interest in any vehicles, whether they are registe		ehicles you own that
some	one else drives. If you lease a vehicle,	also report it on Schedule G: Executory Contracts and U	nexpired Leases.	
3. <b>C</b> a	ars, vans, trucks, tractors, sport utili	ty vehicles, motorcycles		
		•		
Ш	No			
	Yes			
3.1	Make: Ford	Who has an interest in the property? Check one		claims or exemptions. Put
	Model: <b>F650</b>	— <u> </u>		red claims on Schedule D: nims Secured by Property.
	Year: <b>2011</b>	Debtor 1 only		, , ,
		Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:  Other information:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information.	At least one of the debtors and another		
		☐ Check if this is community property	\$45,000.00	\$45,000.00
		(see instructions)		
3.2	Make: Ford	Who has an interest in the property? Check one		claims or exemptions. Put red claims on Schedule D:
	Model: F450 Dually	Debtor 1 only		nims Secured by Property.
	Year:	Debtor 2 only		
	Approximate mileage:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other information:	☐ At least one of the debtors and another		, , <del>-</del>
	2008 Ford F450 Dually	At least one of the deptots and another		
	2000 i Old i 400 Eddily	☐ Check if this is community property	\$28,000.00	\$28,000.00
		(see instructions)		

Official Form 106A/B Schedule A/B: Property page 2

Case 18-12294-ref Doc 10 Filed 04/12/18 Entered 04/12/18 12:04:06 Desc Main Page 5 of 43 Document Case number (if known) 18-12294 Debtor 1 Joseph D. Dinenno Do not deduct secured claims or exemptions. Put **Ford** Who has an interest in the property? Check one 3.3 Make: the amount of any secured claims on Schedule D: F800 Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 1998 Year: Debtor 2 only Current value of the Current value of the 190000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information At least one of the debtors and another \$35,000.00 \$35,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$108,000.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No ■ Yes. Describe..... General household goods and furnishings - no individual items \$1,000.00 over \$400 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ☐ No Yes. Describe..... Firearms, tools, photographic equipment \$8,150.00 10 Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe.....

Official Form 106A/B Schedule A/B: Property page 3

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

11. Clothes

□ No

Document Page 6 of 43 Case number (if known) 18-12294 Debtor 1 Joseph D. Dinenno Yes. Describe..... \$500.00 Man's wardrobe 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... Diamond ring and bracelet \$1,450.00 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$11,100.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash on hand \$2.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... \$300.00 17.1. TD Bank - Checking 17.2. TD Bank - Business checking \$71.61 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and ioint venture □ No Yes. Give specific information about them..... Name of entity: % of ownership:

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page 4

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Case number (if known) 18-12294 Debtor 1 Joseph D. Dinenno Debtor owns 100% of Ding Dang, Inc. which has as its sole asset the property listed on schedule "A". The corporation has never actually operated or 100% \$1.00 had any transactions. % 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: Pension Philadelphia Bakery Employers and Food \$0.00 **Driver, Salesman Union Local 463** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

Official Form 106A/B

De	btor 1	Joseph D. Dinenno	Document	Page 8 of 43  Case number (if known)	18-12294
					10-12234
29.		r support ples: Past due or lump sum alim	nony, spousal support, child suppo	ort, maintenance, divorce settlement, property	settlement
		Give specific information			
		amounts someone owes you ples: Unpaid wages, disability in benefits; unpaid loans you		efits, sick pay, vacation pay, workers' comper	nsation, Social Security
		Give specific information			
		·			<b>\$40,000,00</b>
			Brandywine Terrace Traile	r Park	\$40,000.00
31.		sts in insurance policies	surance; health eavings account (	HSA); credit, homeowner's, or renter's insurar	nca.
	■ No	ores. Fleatin, disability, of file like	dianee, nealth savings account (	rion), credit, noncowner 3, or renter 3 insurar	
	□ Yes.	Name the insurance company Compan		Beneficiary:	Surrender or refund
					value:
32.	If you		you from someone who has die ust, expect proceeds from a life in	ed surance policy, or are currently entitled to rece	eive property because
	■ No				
	☐ Yes.	Give specific information			
	_Exam <sub> </sub>		er or not you have filed a lawsui sputes, insurance claims, or rights	it or made a demand for payment to sue	
	■ No □ Yes.	Describe each claim			
34.			claims of every nature, including	g counterclaims of the debtor and rights to	set off claims
	_	Describe each claim			
			Nuisance Family Law Suit		\$2,000.00
	Any fir □ No	nancial assets you did not alr	eady list		
		Give specific information			
			F D O I	01-11-011	
			East Resources Gas Lease This lease is owned by Dir	e - Shell Oil ng Dang, LLC, which is 100%	
			owned by the Debtor.		\$8,950.00
36				ny entries for pages you have attached	\$51,324.61
Pai	rt 5: De	escribe Any Business-Related Pro	perty You Own or Have an Interest l	n. List any real estate in Part 1.	
37.	Do you	own or have any legal or equitabl	e interest in any business-related p	roperty?	
	□ No. Go	o to Part 6.			
	Yes. 0	Go to line 38.			

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 6

Debtor 1	Joseph D. Di	inenno	Document	Page 9 of 43	Case number (if known)	18-12294
		r commissions you alrea	ndy earned		(	
■ No		Toommoorono you unou	ay ourrou			
☐ Yes.	. Describe					
39. Office	equipment, furni	ishings, and supplies	modems printers co	oniers fax machines ru	ıas telenhones desks	, chairs, electronic devices
■ No	ipica. Business reie	ated computers, software,	, moderns, printers, co	picis, iax macimics, re	iga, teleprioriea, deaka,	, chans, electronic devices
☐ Yes.	. Describe					
	nery, fixtures, eq	uipment, supplies you u	se in business, and	tools of your trade		
□ No	. Describe					
- 162	. Describe					
		4002 Comouna Even	to:: 2000 Oalit	Tasilar 2000 l aas	J Tuell	
		1993 Samsung Exca Trailer, 2006 John D		y Trailer, 2009 Load	a Irali	\$26,000.0
41. Invent	tory					
■ No						
☐ Yes.	. Describe					
42. Interes	sts in partnership	ps or joint ventures				
	. Give specific info	ormation about them				
		Name of entity:			% of ownership:	
40. 01						
43. Custo	mer lists, mailing	g lists, or other compilati	ions			
	our lists include per	sonally identifiable informa	tion (as defined in 11 U.S	S.C. § 101(41A))?		
			(45 4554	0.013.01(1.114)).		
	■ No					
	☐ Yes. Describe	·····				
44. <b>Any b</b> ■ No	usiness-related p	property you did not alre	ady list			
	. Give specific info	rmation				
		of all of your entries fron number here				\$26,000.00
		and Commercial Fishing-Relinterest in farmland, list it in Pa		n or Have an Interest In.		
	-	·				
	u own or have an . Go to Part 7.	ny legal or equitable inte	rest in any farm- or c	commercial fishing-re	lated property?	
	s. Go to line 47.					
<b>-</b> 16:	5. 55 to line 47.					
Part 7:	Describe All Pro	perty You Own or Have an I	nterest in That You Did	l Not List Above		
E2 Da.::-	u boyo other pres	norty of any bind you di-	I not already list?			
		perty of any kind you did ets, country club members				
■ No						
☐ Yes.	. Give specific info	rmation				

Official Form 106A/B Schedule A/B: Property page 7

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Case number (if known) 18-12294 Document Joseph D. Dinenno Debtor 1 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ..... \$559,400.00 Part 2: Total vehicles, line 5 56. \$108,000.00 Part 3: Total personal and household items, line 15 \$11,100.00 57. 58. Part 4: Total financial assets, line 36 **\$51,324.61** Part 5: Total business-related property, line 45 59. \$26,000.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... 62. \$196,424.61 Copy personal property total \$196,424.61

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$755,824.61

Official Form 106A/B Schedule A/B: Property page 8 

Fill in this inform	nation to identify your	case:		
Debtor 1	Joseph D. Dinenr	10		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT C	F PENNSYLVANIA	
Case number	18-12294			
(if known)				Check if this is an
				amended filing

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	art 1: Identify the Property You Claim as E	exempt							
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.								
	☐ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)					
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.					
	149 Ding Dang Road Wellsboro, PA 16901 Tioga County	\$200,000.00		\$23,675.00	11 U.S.C. § 522(d)(1)				
	Cabin and land located at 149 Ding Dang Road, Wellsboro, PA 16901			100% of fair market value, up to any applicable statutory limit					
	This property is the sole asset owned by a corporation, Ding Dang, Inc. which is solely owned by the Debtor.								
	Value based on compar Line from Schedule A/B: 1.2								
	2011 Ford F650 Line from Schedule A/B: 3.1	\$45,000.00		\$0.00	11 U.S.C. § 522(d)(5)				
	Line Ironi Scriedule A/B. 3.1			100% of fair market value, up to any applicable statutory limit					
	Ford F450 Dually	\$28,000.00		\$3,450.00	11 U.S.C. § 522(d)(2)				
	2008 Ford F450 Dually Line from Schedule A/B: 3.2			100% of fair market value, up to					

any applicable statutory limit

Page 12 of 43 Document Debtor 1 Joseph D. Dinenno Case number (if known) 18-12294 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 1998 Ford F800 190000 miles 11 U.S.C. § 522(d)(5) \$35,000.00 \$9,125.00 Line from Schedule A/B: 3.3 100% of fair market value, up to any applicable statutory limit General household goods and 11 U.S.C. § 522(d)(3) \$1,000.00 \$1,000.00 furnishings - no individual items over \$400 100% of fair market value, up to Line from Schedule A/B: 6.1 any applicable statutory limit Firearms, tools, photographic 11 U.S.C. § 522(d)(3) \$8,150.00 \$8,150.00 equipment Line from Schedule A/B: 9.1 100% of fair market value, up to any applicable statutory limit Man's wardrobe 11 U.S.C. § 522(d)(3) \$500.00 \$500.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Diamond ring and bracelet 11 U.S.C. § 522(d)(4) \$1,450.00 \$1,450.00 Line from Schedule A/B: 12.1 П 100% of fair market value, up to any applicable statutory limit Cash on hand 11 U.S.C. § 522(d)(5) \$2.00 \$2.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit TD Bank - Checking 11 U.S.C. § 522(d)(5) \$300.00 \$300.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit TD Bank - Business checking 11 U.S.C. § 522(d)(5) \$0.00 \$71.61 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Debtor owns 100% of Ding Dang, Inc. 11 U.S.C. § 522(d)(5) \$1.00 \$0.00 which has as its sole asset the property listed on schedule "A" 100% of fair market value, up to The corporation has never actually any applicable statutory limit operated or had any transactions. 100% Line from Schedule A/B: 19.1 Pension: Philadelphia Bakery 11 U.S.C. § 522(d)(5) \$0.00 \$0.00 **Employers and Food Driver,** Salesman Union Local 463 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 21.1 **Brandywine Terrace Trailer Park** 11 U.S.C. § 522(d)(5) \$40,000.00 \$3,673.00 Line from Schedule A/B: 30.1

100% of fair market value, up to any applicable statutory limit

Entered 04/12/18 12:04:06 Document Page 13 of 43 Debtor 1 Joseph D. Dinenno Case number (if known) 18-12294 Brief description of the property and line on Current value of the Specific laws that allow exemption Amount of the exemption you claim Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Nuisance Family Law Suit** 11 U.S.C. § 522(d)(5) \$2,000.00 \$0.00 Line from Schedule A/B: 34.1 100% of fair market value, up to any applicable statutory limit East Resources Gas Lease - Shell Oil 11 U.S.C. § 522(d)(5) \$0.00 \$8,950.00 This lease is owned by Ding Dang, LLC, which is 100% owned by the 100% of fair market value, up to Debtor. any applicable statutory limit t.)

Filed 04/12/18

	Line	e from Schedule A/B: 33.1
3.		you claiming a homestead exemption of more than \$160,375?  bject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment
		No
		Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
		□ No
		☐ Yes

Doc 10

Case 18-12294-ref

Desc Main

	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	□ An agreement you made (such as car loan)      □ Statutory lien (such as tax lien, me □ Judgment lien from a lawsuit      □ Other (including a right to offset)				
	Debtor 2 only Debtor 1 and Debtor 2 only	car loan)  Statutory lien (such as tax lien, me				
<b>■</b> (	Debtor 2 only	car loan)  Statutory lien (such as tax lien, me				
<b>=</b> (	•	• • • • • • • • • • • • • • • • • • • •	,o.i.gago oi ooo			
_	Debtor 1 only	• • • • • • • • • • • • • • • • • • • •	mongage er eee			
Wh		An agreement you made (auch ac	mortgage or sec	ured		
	o owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.				
	Number, Street, City, State & Zip Code	Unliquidated				
	Houston, TX 77242-2039	Contingent				
	PO Box 422039	As of the date you file, the claim is apply.	: Check all that			
	Creditor's Name	2262 Laurel Road, Narvon, 17555-9322	PA			
2.1	Selene Finance	Describe the property that secures	the claim:	\$359,400.00	\$369,000.00	\$0.00
for e	ist all secured claims. If a creditor has ach claim. If more than one creditor has h as possible, list the claims in alphabeti	a particular claim, list the other credito	rs in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
	t 1: List All Secured Claims			Column A	Column B	Column C
D	Yes. Fill in all of the information	Delow.				
	□ No. Check this box and submit t	•	r scriedules. 10	ou have nothing else t	o report on this form.	
i. DC	any creditors have claims secured by		r ook oduloo Va	ou hous nothing also t	a ranget on this form	
s ne num	s complete and accurate as possible. eded, copy the Additional Page, fill it ber (if known).	out, number the entries, and attach it				
SC	hedule D: Creditors	wno Have Claims	Secured	by Propert	<u>y                                    </u>	12/15
	icial Form 106D	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<b>C</b>	l less Dans a such		
					amend	led filing
	se number				_	if this is an
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT OF PEN	NNSYLVANIA			
	use if, filing) First Name	Middle Name	Last Name			
Deb	First Name	Middle Name	Last Name			
Deb	Joseph D. Dine					
	in this information to identify you	ır case:				
Fill			I ddc 17	01 40		
Fill		Document	Page 14	of 43		

Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages.

\$359,400.00 \$359,400.00

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Write that number here:

	0030 10 12204 101 00	Document P	age 1	5 of 43		JCJO Mani
Fill in t	his information to identify your case					
Debtor	1 Joseph D. Dinenno					
20210.	First Name	Middle Name La	st Name			
Debtor		ACT III AT				
(Spouse i	f, filing) First Name	Middle Name La	st Name			
United	States Bankruptcy Court for the: EA	STERN DISTRICT OF PENNSY	LVANIA			
Case n	umber 18-12294					
(if known)						Check if this is an
					á	amended filing
Offici	al Form 106E/F					
	dule E/F: Creditors Who	Have Unsecured Cla	aime			12/15
	emplete and accurate as possible. Use Par			Part 2 for araditors with NONDRIC	DITY ala	
eft. Atta name an	e D: Creditors Who Have Claims Secured ch the Continuation Page to this page. If y d case number (if known).	ou have no information to report i				
Part 1:						
_	any creditors have priority unsecured clai	ms against you?				
	No. Go to Part 2.					
	Yes.					
Part 2:						
3. Do	any creditors have nonpriority unsecured	claims against you?				
	No. You have nothing to report in this part. S	ubmit this form to the court with your	other sche	edules.		
•	Yes.					
4. List	all of your nonpriority unsecured claims	in the alphabetical order of the cre	ditor who	holds each claim. If a creditor has	s more tha	an one nonpriority
uns	ecured claim, list the creditor separately for en one creditor holds a particular claim, list the	each claim. For each claim listed, ider	ntify what t	ype of claim it is. Do not list claims a	already in	cluded in Part 1. If more
T GI	. 2.					Total claim
4.1	Brandywine Hospital	Last 4 digits of account	number	0733		\$500.00
	Nonpriority Creditor's Name					
	201 Reeceville Road Coatesville, PA 19320	When was the debt incu	rred?	1/2018		_
	Number Street City State Zlp Code	As of the date you file, t	he claim i	s: Check all that apply		
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	$\square$ At least one of the debtors and another	Type of NONPRIORITY (	ınsecured	I claim:		
	☐ Check if this claim is for a communit	<u> </u>				
	debt Is the claim subject to offset?	Obligations arising our report as priority claims	of a sepa	ration agreement or divorce that you	u did not	
	No		ofit-sharin	g plans, and other similar debts		
	Yes	Other. Specify Mec		<b>9.</b> ,		
	•	- Outer, Specify				

Document Page 16 of 43 Debtor 1 Joseph D. Dinenno Case number (if know) 18-12294 4.2 Coastal Imaging LLC Last 4 digits of account number 9238 \$103.00 Nonpriority Creditor's Name PO Box 6750 When was the debt incurred? Portsmouth, NH 03802-6750 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Medical Other. Specify 4.3 **Coastal Imaging LLC** Last 4 digits of account number 9238 \$103.00 Nonpriority Creditor's Name PO Box 6750 When was the debt incurred? 12/2017 Portsmouth, NH 03802-6750 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts  $\Pi$  Yes Medical Other. Specify 4.4 Daniel A. Smolen DO Last 4 digits of account number 2930 \$125.00 Nonpriority Creditor's Name 1440 Conchester Highway When was the debt incurred? 2016-2017 Marcus Hook, PA 19061-2105 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community lacksquare Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other, Specify

Debtor 1 Joseph D. Dinenno

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Case number (if know) 18-12294

4.5	Emergency Physician Association of PA	Last 4 digits of account number 7010	\$1,393.00
	Nonpriority Creditor's Name PO Box 740021	When was the debt incurred? 2018	
	Cincinnati, OH 45274-0021		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other. Specify Medical	
4.6	GSH Home Med Care	Last 4 digits of account number 1350	\$20.50
	Nonpriority Creditor's Name PO Box 650292	When was the debt incurred? 2017	
	Dallas, TX 75265-0292  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	☐ Yes	■ Other. Specify Medical	
4.7	Jefferson University Physicians	Last 4 digits of account number 5899	\$85.00
	Nonpriority Creditor's Name Jefferson Business Services PO Box 40089	When was the debt incurred? 2016	700.00
	Philadelphia, PA 19106-0089  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	

Debt	or 1 Joseph D. Dinenno	Document Page 1	Case number (if know) 18-12294			
4.8	MLR Solutions	Last 4 digits of account number	0520	\$30.00		
	Nonpriority Creditor's Name PO Box 60536 King of Prussia, PA 19406-0536	When was the debt incurred?	2/2017			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	$\square$ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	■ Other. Specify Care	on behalf of Main Line Health			
4.9	Penn Medicine	Last 4 digits of account number	3530	\$30.00		
	Nonpriority Creditor's Name PO Box 824406 Philadelphia, PA 19182-4406	When was the debt incurred?	2018			
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	Other. Specify Medical				
4.1 0	Penn Medicine	Last 4 digits of account number	3530	\$30.00		
	Nonpriority Creditor's Name PIO Box 824406	When was the debt incurred?	2018			
	Philadelphia, PA 19182-4406  Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.	• ,				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				

debt

■ No

☐ Yes

Is the claim subject to offset?

report as priority claims

■ Other. Specify Medical

 $\hfill \Box$  Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Document Page 19 of 43 Debtor 1 Joseph D. Dinenno Case number (if know) 18-12294 4.1 Penn Medicine 3530 \$30.00 Last 4 digits of account number Nonpriority Creditor's Name PIO Box 824406 2016 When was the debt incurred? Philadelphia, PA 19182-4406 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical ☐ Yes 4.1 **Penn Medicine** 3530 \$386.65 Last 4 digits of account number 2 Nonpriority Creditor's Name PIO Box 824406 When was the debt incurred? 2015 Philadelphia, PA 19182-4406 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Medical ☐ Yes 4.1 **ProCo** 3090 \$300.00 Last 4 digits of account number 3 Nonpriority Creditor's Name PO Box 2462 When was the debt incurred? 2/2017 Aston, PA 19014-0462 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

□ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify Collecting on behalf of Riddle Hospital

Document Page 20 of 43 Debtor 1 Joseph D. Dinenno Case number (if know) 18-12294 4.1 Riddle Hospital 1773 \$90.31 Last 4 digits of account number 4 Nonpriority Creditor's Name PO Box 781242 When was the debt incurred? 1/2018 Philadelphia, PA 19178-1242 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical ☐ Yes 4.1 Riddle Hospital 3309 \$300.00 Last 4 digits of account number 5 Nonpriority Creditor's Name PO Box 781242 When was the debt incurred? 2/2017 Philadelphia, PA 19178-1242 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Medical ☐ Yes 4.1 Riddle Hospital 6811 \$200.00 Last 4 digits of account number 6 Nonpriority Creditor's Name PO Box 781242 1/2017 When was the debt incurred? Philadelphia, PA 19178-1242 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

Other. Specify

 $\square$  Debts to pension or profit-sharing plans, and other similar debts

Medical

Is the claim subject to offset?

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Document Page 21 of 43 Debtor 1 Joseph D. Dinenno Case number (if know) 18-12294 4.1 **Southern Ocean Medical Center** 9689 \$184.20 Last 4 digits of account number Nonpriority Creditor's Name PO Box 650292 1/2018 When was the debt incurred? Dallas, TX 75265-0292 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical ☐ Yes 4.1 **Southern Ocean Medical Center** 7325 \$242.70 Last 4 digits of account number 8 Nonpriority Creditor's Name PO Box 650292 When was the debt incurred? 12/2017 Dallas, TX 75265-0292 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Medical ☐ Yes 4.1 Southern Ocean Medical Center 9326 \$275.00 Last 4 digits of account number 9 Nonpriority Creditor's Name PO Box 650292 When was the debt incurred? 2/2018 Dallas, TX 75265-0292 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent

Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify

Document Page 22 of 43 Debtor 1 Joseph D. Dinenno 18-12294 Case number (if know) 4.2 Susquehanna Health 6127 \$591.75 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 64058 When was the debt incurred? 2016 Baltimore, MD 21264-4058 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical ☐ Yes 4.2 Susquehanna Health 6127 \$75.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 64058 When was the debt incurred? 2016 Baltimore, MD 21264-4058 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Medical ☐ Yes 4.2 **Tri-County Hospitals** TCH<sub>2</sub> \$1.020.00 Last 4 digits of account number 2 Nonpriority Creditor's Name PO Box 37803 When was the debt incurred? 1/2018 Baltimore, MD 21297-7803 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

Other. Specify

 $\square$  Debts to pension or profit-sharing plans, and other similar debts

Medical

Debtor 1 Joseph D. Dinenno

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Case number (if know) 18-12294

Wellspan Medical Equipment	Last 4 digits of account number	1350	\$190.99
Nonpriority Creditor's Name PO Box 650292	When was the debt incurred?	2017	
Dallas, TX 75265-0292  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
lebt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Medical		

### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Т	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	C4	Charlest Leave	Ct.		otal Claim
Total	6f.	Student loans	6f.	\$	0.00
claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	6,306.10
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	6,306.10

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Case 18-12294-ref Doc 10 Filed 04/12/18 Entered 04/12/18 12:04:06 Desc Main Document Page 24 of 43

Fill in this infor	Fill in this information to identify your case:							
Debtor 1	Joseph D. Dinenr	10						
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		EASTERN DISTRICT C	OF PENNSYLVANIA					
Case number	18-12294							
(if known)					Check if this is an			
					amended filing			

## Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 East Resources Gas Lease - Shell Oil PO Box576 Houston, TX 77001

		Docume	ent Page 25 o	of 43
Fill in this	s information to identify you	r case:		
Debtor 1	Joseph D. Dinen	no		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, fil	ing) First Name	Middle Name	Last Name	
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT C	F PENNSYLVANIA	
Case num	ber 18-12294			☐ Check if this is an
,				amended filing
O.(;; ;	15 40011			<del></del>
	I Form 106H			
Sched	dule H: Your Cod	lebtors		12/15
1. Do	e and case number (if known you have any codebtors? (If	,		as a codebtor.
■ No □ Ye				
	thin the last 8 years, have yona, California, Idaho, Louisiana			y? (Community property states and territories include ington, and Wisconsin.)
	. Go to line 3. s. Did your spouse, former spo	ouse, or legal equivalent live	e with you at the time?	
in line Form	e 2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make s	if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Officia 16G). Use Schedule D, Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1				☐ Schedule D, line
0.1	Name			☐ Schedule E/F, line
				☐ Schedule G, line
	Number Street			_
	City	State	ZIP Code	
3.2				☐ Schedule D, line
0.2	Name			Schedule E/F, line
				☐ Schedule G, line
	Number Street			_
	City	State	ZIP Code	

# 

							_				
Fill	in this information to	identify your c	ase:								
Del	btor 1	Joseph D. D	inenno			_					
1 -	btor 2 buse, if filing)										
Uni	ited States Bankrupt	cy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	١	_					
Ca	se number 18-	12294					Chec	k if this is:			
(If kı	nown)			-			ΠА	n amende	d filing		
_										g postpetition ollowing date:	
<u>O</u>	fficial Form	<u> 1061</u>					M	IM / DD/ Y	YYY		
S	chedule I: \	Your Inc	ome								12/1
atta	ch a separate shee		r spouse is not filing w On the top of any additi								
1.	Fill in your emplo information.	yment		Debtor 1				Debtor 2	or non-fil	ling spouse	
	If you have more than one job,		Employment status	■ Employed				☐ Emplo	oyed		
	attach a separate information about employers.	1 - 3 -	Employment status	☐ Not employed				☐ Not e	mployed		
			Occupation	Disabled							
	Include part-time, self-employed wor		Employer's name								
	Occupation may ir or homemaker, if i		Employer's address								
			How long employed t	here?				_			
Pai	rt 2: Give Det	ails About Mor	nthly Income								
	imate monthly inco use unless you are s		ate you file this form. If	you have nothing to r	eport for	any	line, write	\$0 in the	space. Inc	clude your no	n-filing
	ou or your non-filing s e space, attach a se		ore than one employer, co	ombine the informatio	n for all e	empl	oyers for	that perso	n on the lir	nes below. If	you need
							For Dek	otor 1		otor 2 or ng spouse	
2.	List monthly gros deductions). If no	ss wages, sala t paid monthly,	ry, and commissions (b calculate what the monthl	efore all payroll y wage would be.	2.	\$		0.00	\$	N/A	
3.	Estimate and list	monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	- 1
4.	Calculate gross I	ncome. Add lir	ne 2 + line 3.		4.	\$		0.00	\$	N/A	

Debt	tor 1	Joseph D. Dine	enno	_		Case	number (if kno	own)	18-12	294		
						For	Debtor 1		For D	ebtor 2	2 or	
									non-f	iling s	pouse	
	Cop	y line 4 here		4.		\$	0.	.00	\$		N/A	
5.	List	all payroll deduct	tions:									
	5a.	Tax, Medicare, a	and Social Security deductions	5	a.	\$	0.	.00	\$		N/A	
	5b.		tributions for retirement plans	51	b.	\$		.00	\$		N/A	
	5c.	Voluntary contr	ributions for retirement plans	50	c.	\$	0.	.00	\$		N/A	•
	5d.	Required repay	ments of retirement fund loans	50	d.	\$	0.	.00	\$		N/A	•
	5e.	Insurance		56	e.	\$	0.	.00	\$		N/A	•
	5f.	Domestic suppo	ort obligations	5f		\$		.00	\$		N/A	-
	5g.	Union dues		5	-	\$_		.00	\$		N/A	
	5h.	Other deduction	ns. Specify:	5I	h.+	\$	0.	.00	+ \$		N/A	
6.			ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	•	\$_		.00	\$		N/A	
7.			lly take-home pay. Subtract line 6 from line 4.	7.		\$_	0.	.00	\$		N/A	
8.	List 8a.		regularly received: m rental property and from operating a business,									
		profession, or f										
			ent for each property and business showing gross y and necessary business expenses, and the total									
		monthly net inco		88	a.	\$	0	.00	\$		N/A	
	8b.	Interest and div		81		\$_		.00	\$		N/A	•
	8c.	Family support requiarly receive	payments that you, a non-filing spouse, or a dependent	:		· —			· —			•
			spousal support, child support, maintenance, divorce									
			property settlement.	80	c.	\$	0.	.00	\$		N/A	
	8d.	Unemployment	compensation	80	d.	\$	0.	.00	\$		N/A	•
	8e.	Social Security		86	e.	\$	0.	.00	\$		N/A	•
	8f.	Include cash ass that you receive,	ent assistance that you regularly receive sistance and the value (if known) of any non-cash assistance, such as food stamps (benefits under the Supplemental nce Program) or housing subsidies.	€								
			ial Security	8f	f.	\$	1,905.	.00	\$		N/A	
	8g.	Pension or retir		8 <u>(</u>	g.	\$	294.		\$		N/A	•
	8h.	Other monthly i	income. Specify: Gas Lease	81	h.+	\$	600.	.00 -	+ \$		N/A	•
9.	hhΑ	all other income.	. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	2,799.	00	\$		N/A	
٠.			7 / da iii loo da 102 / da 102 / da 103	0.			2,733.				14/7	<u>'</u>
10.	Calc	ulate monthly inc	come. Add line 7 + line 9.	10.	\$	:	2,799.00	+ \$		N/A	= \$	2,799.00
	Add	the entries in line 1	10 for Debtor 1 and Debtor 2 or non-filing spouse.				,				_	·
11.	11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  11. +\$ 0.00											
12.	12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 2,799.00											
13.	Do y	ou expect an inci No.	rease or decrease within the year after you file this form	ı <b>?</b>							Combir monthly	ned y income
		Yes. Explain:	Currently in a lease agreement with East Resour royalties in 2011.	ces	Na	atura	l Gas - Sh	ell O	il. Sh	ould b	egin p	aying
			Amount is unknown but could be \$5,000 to \$10,0	)00 t	per	mon	ith depend	ding	on pro	ductio	on.	

						1		
Fill in t	this informat	ion to identify yo	our case:					
Debtor	1	Joseph D. D	inenno			Chec	k if this is:	
Dahtan	0					_	An amended filing	of a management of the managem
Debtor (Spouse	e, if filing)							wing postpetition chapter the following date:
1, ,	,					_	•	
United	States Bankru	uptcy Court for the	EASTE	RN DISTRICT OF PENNS	YLVANIA		MM / DD / YYYY	
Case n		-12294						
(If know	wn)							
O.(.)	-:-!	400 I						
		rm 106J						
		J: Your						12/15
inform	nation. If me		eded, atta	. If two married people ar ch another sheet to this n.				
Part 1:	Descri	ibe Your House	hold					
_	■ No. Go to							
			in a separ	ate household?				
	□ No		•					
	=		st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debt	or 2.	
2. <b>D</b>	Oo you have	dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
D	Oo not state	the						□ No
d	lependents r	names.						☐ Yes
								□ No
					-			☐ Yes
								□ No
								☐ Yes
								□ No □ Yes
3. <b>D</b>	o vour exp	enses include	_	M-			<u> </u>	□ Yes
e	xpenses of	people other t	:han $_{f \Box}$	No Yes				
y	ourself and	l your depende	nts? ⊔	res				
Part 2:	Estima	ate Your Ongoi	ng Monthi	y Expenses				
				uptcy filing date unless y y is filed. If this is a supp				
applic	able date.		-				•	
				government assistance i				
	ial Form 10		a nave inc	cluded it on Schedule I: Y	our income		Your exp	enses
		r home owners d any rent for th		ses for your residence. In or lot.	nclude first mortgag	e 4. \$		2,814.29
If	f not includ	ed in line 4:						
4	la. Real e	state taxes				4a. \$		0.00
4	•	ty, homeowner's				4b. \$		0.00
				ıpkeep expenses		4c. \$		150.00
		owner's associa		dominium dues	ma aguite Leere	4d. \$	-	0.00
~ ^	מ יכמחוזוחוזי	IOITOADA NAVM	HITS TOT W	THE LEGICENCE CHON SO NO	THE EURITY INDING	~ ~ ~		() ()()

<ul> <li>Utilities:</li> <li>6a. Electricity, heat, natural gas</li> <li>6b. Water, sewer, garbage collection</li> <li>6c. Telephone, cell phone, Internet, satellite, and cable services</li> <li>6d. Other. Specify:</li> <li>Food and housekeeping supplies</li> <li>Childcare and children's education costs</li> <li>Clothing, laundry, and dry cleaning</li> <li>Dersonal care products and services</li> <li>Medical and dental expenses</li> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments.</li> <li>Entertainment, clubs, recreation, newspapers, magazines, and books</li> <li>Charitable contributions and religious donations</li> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li> <li>15a. Life insurance</li> <li>15b. Health insurance</li> <li>15c. Vehicle insurance</li> </ul>	6a. 6b. 6c. 6d.	\$ \$	200.00
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:  Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Dersonal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance	6b. 6c.		200.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:  Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance	6c.	\$	
6d. Other. Specify:  Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance		•	0.00
Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance	6d.	\$	69.00
Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance	٠	\$	0.00
Clothing, laundry, and dry cleaning Personal care products and services  Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance	_ 7.	\$	350.00
<ol> <li>Personal care products and services</li> <li>Medical and dental expenses</li> <li>Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.</li> <li>Entertainment, clubs, recreation, newspapers, magazines, and books</li> <li>Charitable contributions and religious donations</li> <li>Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance</li> <li>Vehicle insurance</li> </ol>	8.	\$	0.00
<ol> <li>Medical and dental expenses</li> <li>Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.</li> <li>Entertainment, clubs, recreation, newspapers, magazines, and books</li> <li>Charitable contributions and religious donations</li> <li>Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance</li> <li>Vehicle insurance</li> </ol>	9.	\$	50.00
<ol> <li>Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.</li> <li>Entertainment, clubs, recreation, newspapers, magazines, and books</li> <li>Charitable contributions and religious donations</li> <li>Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance</li> <li>15c. Vehicle insurance</li> </ol>	10.	\$	0.00
Do not include car payments.  3. Entertainment, clubs, recreation, newspapers, magazines, and books  4. Charitable contributions and religious donations  5. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance	11.	\$	150.00
Do not include car payments.  3. Entertainment, clubs, recreation, newspapers, magazines, and books  4. Charitable contributions and religious donations  5. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance			
<ul> <li>4. Charitable contributions and religious donations</li> <li>5. Insurance.</li> <li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li> <li>15a. Life insurance</li> <li>15b. Health insurance</li> <li>15c. Vehicle insurance</li> </ul>	12.	\$	300.00
<ul> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li> <li>15a. Life insurance</li> <li>15b. Health insurance</li> <li>15c. Vehicle insurance</li> </ul>	13.	\$	0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance	14.	\$	0.00
<ul><li>15a. Life insurance</li><li>15b. Health insurance</li><li>15c. Vehicle insurance</li></ul>			
<ul><li>15b. Health insurance</li><li>15c. Vehicle insurance</li></ul>			
15c. Vehicle insurance	15a.	·	0.00
	15b.	\$	0.00
4.5-1 Other incomes of 16	15c.	\$	206.00
15d. Other insurance. Specify:	_ 15d.	\$	0.00
6. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.			
Specify:	_ 16.	\$	0.00
7. Installment or lease payments:			
17a. Car payments for Vehicle 1	17a.	·	0.00
17b. Car payments for Vehicle 2	17b.	·	0.00
17c. Other. Specify:	_ 17c.	\$	0.00
17d. Other. Specify:	_ 17d.	\$	0.00
8. Your payments of alimony, maintenance, and support that you did not report as	40	Φ.	0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106l).	18.	\$	
9. Other payments you make to support others who do not live with you.		\$	0.00
Specify:	19.	_	
O. Other real property expenses not included in lines 4 or 5 of this form or on Schedu			0.00
20a. Mortgages on other property	20a.		0.00
20b. Real estate taxes	20b.	·	0.00
20c. Property, homeowner's, or renter's insurance	20c.		0.00
20d. Maintenance, repair, and upkeep expenses	20d.	·	0.00
20e. Homeowner's association or condominium dues	20e.	·	0.00
1. Other: Specify: Cabin Taxes & Insurance	_ 21.	_+\$	267.00
2. Calculate your monthly expenses			
22a. Add lines 4 through 21.		\$	4.556.29
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	4,000.20
			4 FFC 20
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	4,556.29
3. Calculate your monthly net income.			
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,799.00
23b. Copy your monthly expenses from line 22c above.	23b.	-\$	4,556.29
		-	
23c. Subtract your monthly expenses from your monthly income.	_		4 757 00
The result is your monthly net income.	23c.	\$	-1,757.29
4. Do you expect an increase or decrease in your expenses within the year after you f For example, do you expect to finish paying for your car loan within the year or do you expect your mo modification to the terms of your mortgage?			ase or decrease because of a
■ No.			
T Yes Explain here:			

# Case 18-12294-ref Doc 10 Filed 04/12/18 Entered 04/12/18 12:04:06 Desc Main Document Page 30 of 43

Fill in this information to ident	ify your case:			
Debtor 1 Joseph D.	Dinenno			
First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing) First Name	Middle Name	Last Name		
United States Bankruptcy Court	for the: EASTERN DISTRICT O	OF PENNSYLVANIA		
Case number (if known) 18-12294			☐ Check if this is an amended filing	
Official Form 100Dee				
Official Form 106Dec				
Declaration Abo	out an Individual	l Debtor's Sche	edules 12/1	5
You must file this form whenev	fraud in connection with a ban	s or amended schedules. Maki	nformation. ting a false statement, concealing property, or es up to \$250,000, or imprisonment for up to 20	)
Sign Below				
Did you pay or agree to pa	ay someone who is NOT an atto	rney to help you fill out bankru	uptcy forms?	
■ No				
☐ Yes. Name of person			Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)	

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and

Signature of Debtor 2

Date

that they are true and correct.

X /s/ Joseph D. Dinenno

Joseph D. Dinenno Signature of Debtor 1

Date April 12, 2018

# 

Fill in t	his infor	mation to identify you	r case:			
Debtor		Joseph D. Diner				
		First Name	Middle Name	Last Name		
Debtor (Spouse i		First Name	Middle Name	Last Name		
United	States B	ankruptcy Court for the:	EASTERN DISTRICT OF	PENNSYLVANIA		
		arma aptoy Court for the.				
(if known)		18-12294			_	Check if this is an mended filing
Offic	ial Fo	orm 107				
State	emen	t of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/10
informa	ntion. If i r (if knov	more space is needed vn). Answer every que	, attach a separate sheet to	this form. On the top of an	equally responsible for sup y additional pages, write you	
1. Wł	nat is yo	ur current marital stati	ıs?			
П	Marrie	d				
	Not ma					
2. Du	rina the	last 3 vears, have you	lived anywhere other than	where vou live now?		
_	•	, , , , , , , , ,	,			
_	No Yes. L	ist all of the places you	lived in the last 3 years. Do no	ot include where you live now	<i>i</i> .	
De	ebtor 1 F	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory ico, Texas, Washington and W	
	No					
	Yes. M	lake sure you fill out Sc	hedule H: Your Codebtors (Of	fficial Form 106H).		
Part 2	Expla	ain the Sources of You	ır Income			
Fill	in the to	tal amount of income yo	mployment or from operating the received from all jobs and a have income that you received.	all businesses, including part-		ndar years?
_	No					
	Yes. F	ill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	st calend ry 1 to D	ar year: Jecember 31, 2017 )	☐ Wages, commissions, bonuses, tips	\$-6,937.00	☐ Wages, commissions, bonuses, tips	
			Operating a business		☐ Operating a business	

Official Form 107

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Debtor 1 Joseph D. Dinenno

5.	Did you receive any other income during this year or the two previous calendar years?  Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.									
	List	t each	source and	the gross inco	ome from each source	separately. D	o not include income t	hat you listed in li	ne 4.	
	■	No Yes	Fill in the de	etails.						
					Debtor 1			Debtor 2		
					Sources of income Describe below.	eac (be	oss income from ch source fore deductions and clusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
			y 1 of curre filed for ba	nt year until nkruptcy:	Social Security Benefits		\$7,620.00			
					Pension/Annuities	<b>S</b>	\$1,176.00			
_					Royalties		\$2,400.00			
			ndar year: December	31, 2017 )	Social Security Benefits		\$24,840.00			
					Pension/Annuities	<b>S</b>	\$3,258.00			
					Royalties		\$8,950.00			
Pa	rt 3:	Lis	t Certain Pa	ayments You	Made Before You File	ed for Bankr	uptcy			
6.	Are	e eithe No.	Neither D	ebtor 1 nor D	's debts primarily cor Debtor 2 has primarily personal, family, or ho	consumer o	debts. Consumer debts	s are defined in 11	I U.S.C. § 10	1(8) as "incurred by an
			During the	90 days befo	ore you filed for bankru	ptcy, did you	pay any creditor a tota	l of \$6,425* or mo	ore?	
			☐ Yes	paid that cr not include	each creditor to whom yeditor. Do not include perments to an attornet on 4/01/19 and every	payments for ey for this bar	domestic support oblig nkruptcy case.	ations, such as cl	hild support a	nd alimony. Also, do
		Yes	Debtor 1	or Debtor 2 o	or both have primarily bre you filed for bankrup	consumer	lebts.		·	
			■ No.	Go to line 7	,	, ,,	, , ,	·		
			□ Yes	include pay	each creditor to whom yments for domestic supthis bankruptcy case.					
	Cr	edito	's Name an	d Address	Dates of	payment	Total amount	Amount you	Was this p	payment for

paid

still owe

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Debtor 1 Joseph D. Dinenno

7.	<ul> <li>7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?         Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporat of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including on a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.     </li> <li>No</li> <li>Yes. List all payments to an insider.</li> </ul>					al partner; corporations gent, including one fo
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment
			paid	still owe		
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos  No		ments or transfer a	iny property on a	account of a de	ebt that benefited an
	Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
	rt 4: Identify Legal Actions, Repossession					
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.					
	Case title	Nature of the case	Court or agency		Status of th	e case
	Case number					
	GMAC MortgageLLC v. Joseph Dinenno CI-08-11873	Civil	Court of Comm Lancaster Cou		☐ Pending ☐ On appe ☐ Conclude	
					Judgment	
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address		rty repossessed, f	oreclosed, garni Date		Value of the
		Explain what happened				property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details.	otcy, did any creditor, incl		nancial institutio	n, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date take	e action was	Amount
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at □ No □ Yes		rty in the possessi	ion of an assign	ee for the bene	fit of creditors, a

Document

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Case number (if known) 18-12294 Debtor 1 Joseph D. Dinenno

Pai	t 5: List Certain Gifts and Contributions	S							
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  ■ No □ Yes. Fill in the details for each gift.								
	Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and	0	Describe the gifts	Dates you gave the gifts	Value				
	Address:								
14.	Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift or co		did you give any gifts or contributions with a tota	l value of more than	\$600 to any charity?				
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Describe what you contributed	Dates you contributed	Value				
Pai	t 6: List Certain Losses								
15.	or gambling?  ■ No □ Yes. Fill in the details.		since you filed for bankruptcy, did you lose anyt						
	how the loss occurred	Include	the any insurance coverage for the loss the amount that insurance has paid. List pending not claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost				
Pa	t 7: List Certain Payments or Transfers								
16.	consulted about seeking bankruptcy or p	reparii	id you or anyone else acting on your behalf pay on going a bankruptcy petition? s, or credit counseling agencies for services required		erty to anyone you				
	□ No								
	Yes. Fill in the details.								
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment				
	Burke & Hess 1672 Manheim Pike Lancaster, PA 17601		Attorney Fees - \$0.00 Filing Fee -\$310.00		\$310.00				
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.								
	■ No □ Yes. Fill in the details.								
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment				

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Debtor 1 Joseph D. Dinenno

18.	8. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No Yes. Fill in the details.							
	Person Who Received Transfer Address Person's relationship to you	Description and property transfer		Describe any property or payments received or debts paid in exchange	Date transfer was made			
19.	Within 10 years before you filed for bankru beneficiary? (These are often called asset-pr		ny property to a s	elf-settled trust or similar device	of which you are a			
	Yes. Fill in the details.							
	Name of trust	Description and	value of the prope	erty transferred	Date Transfer was made			
Pai	t 8: List of Certain Financial Accounts, In	struments, Safe Deposi	it Boxes, and Sto	rage Units				
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No							
	☐ Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP account number instrument lode)  Last 4 digits of account or instrument closed, sold, moved, or		closed, sold,	Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed fo	r bankruptcy, any	safe deposit box or other depo	sitory for securities,			
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		Describe the contents	Do you still have it?			
22.	Have you stored property in a storage unit	or place other than you	r home within 1 y	ear before you filed for bankrup	cy?			
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe the contents	Do you still have it?			
Pai	t 9: Identify Property You Hold or Contro	I for Someone Else						
23.	Do you hold or control any property that so for someone.	omeone else owns? Incl	lude any property	you borrowed from, are storing	for, or hold in trust			
	<ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe the property	Value			
	Joseph Dinenno Jr. Box of Hunting Knives							

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Debtor 1 Joseph D. Dinenno

Part 10:	<b>Give Details</b>	<b>About Environ</b>	mental Information
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For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or
toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or
regulations controlling the cleanup of these substances, wastes, or material.

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used

	to own, operate, or utilize it, including disposal sites.								
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,								
	haz	ardous material, pollutant, contaminant	, or s	similar term.					
Rep	ort a	II notices, releases, and proceedings th	at yo	ou know about, regardless of when	n they	occurred.			
24.	Has	any governmental unit notified you tha	t you	ı may be liable or potentially liable	unde	er or in viol	ation of an environm	ental law?	
		No Yes. Fill in the details.							
	No	me of site		Covernmental unit		Environmo	ntal law if you	Date of notice	
		dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)		know it	ntal law, if you	Date of Hotice	
25.	Hav	e you notified any governmental unit of	any	release of hazardous material?					
		No Yes. Fill in the details.							
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmei know it	ntal law, if you	Date of notice	
26.	Hav	e you been a party in any judicial or adr	ninis	strative proceeding under any envi	ronm	ental law?	Include settlements	and orders.	
	_	No							
	_	Yes. Fill in the details.							
		se Title se Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Natu	ure of the c	ase	Status of the case	
Par	t 11:	Give Details About Your Business or	Con	nections to Any Business					
27.	Witl	hin 4 years before you filed for bankrupt	tcy, c	did you own a business or have an	y of t	he followin	ng connections to an	y business?	
		☐ A sole proprietor or self-employed i	in a t	rade, profession, or other activity,	eithe	er full-time o	or part-time		
		☐ A member of a limited liability comp	oanv	(LLC) or limited liability partnership	ip (LL	_P)	·		
		☐ A partner in a partnership	,	, ,,,		,			
		☐ A partner in a partner snip  ☐ An officer, director, or managing executive of a corporation							
		_		-					
<ul><li>☐ An owner of at least 5% of the voting or equity securities of a corporation</li><li>☐ No. None of the above applies. Go to Part 12.</li></ul>									
	Yes. Check all that apply above and fill in the details below for each business.								
	Ad	siness Name dress mber, Street, City, State and ZIP Code)		Describe the nature of the business  Name of accountant or bookkeeper			Identification number lude Social Security		
						Dates bus	iness existed		
	Diı	Ding Dang LLC					9643		
						From-To	2007 to present		

Page 37 of 43 Document Case number (if known) 18-12294 Debtor 1 Joseph D. Dinenno 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Joseph D. Dinenno Signature of Debtor 2 Joseph D. Dinenno Signature of Debtor 1 Date Date April 12, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Filed 04/12/18

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Doc 10

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 18-12294-ref

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-12294-ref Doc 10 Filed 04/12/18 Entered 04/12/18 12:04:06 Desc Main Document Page 42 of 43

B2030 (Form 2030) (12/15)

In re

Joseph D. Dinenno

## United States Bankruptcy Court Eastern District of Pennsylvania

Case No.

18-12294

		Debtor(s)	Chapter	13					
	DISCLOSURE OF COMPENSATION	ON OF ATTOR	NEY FOR DE	EBTOR(S)					
1.	1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certi compensation paid to me within one year before the filing of the p be rendered on behalf of the debtor(s) in contemplation of or in co	etition in bankruptcy, o	ruptcy, or agreed to be paid to me, for services rendered or						
	For legal services, I have agreed to accept		\$	4,000.00					
	Prior to the filing of this statement I have received		\$	0.00					
	Balance Due			4,000.00					
2.	2. \$ <b>310.00</b> of the filing fee has been paid.								
3.	3. The source of the compensation paid to me was:								
	■ Debtor □ Other (specify):								
4.	4. The source of compensation to be paid to me is:								
	☐ Debtor ☐ Other (specify): Balance to be approval of the		napter 13 plan up	oon submission to and					
5.	5. I have not agreed to share the above-disclosed compensation v	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.							
	☐ I have agreed to share the above-disclosed compensation with copy of the agreement, together with a list of the names of the								
6.	6. In return for the above-disclosed fee, I have agreed to render legal	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:							
	<ul><li>a. Analysis of the debtor's financial situation, and rendering advices.</li><li>b. Preparation and filing of any petition, schedules, statement of a confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the debt</li></ul>	ffairs and plan which i	nay be required;						
7.	7. By agreement with the debtor(s), the above-disclosed fee does not	include the following	service:						
	Negotiations with secured creditors to reduce to reaffirmation agreements and applications as ne 522(f)(2)(A) for avoidance of liens.								
	Representation of the debtors in any dischargea any other adversary proceeding.	bility actions, judic	ial lien avoidanc	es, relief from stay actions or					
	Any State Court proceedings. Any action related	to credit reporting	agncies.						
	CERT	FICATION							
thi	I certify that the foregoing is a complete statement of any agreeme this bankruptcy proceeding.	nt or arrangement for p	payment to me for r	epresentation of the debtor(s) in					

/s/ Michael D. Hess

717 391-2911 Fax: 717 391-5808

Michael D. Hess Signature of Attorney Burke & Hess 1672 Manheim Pike Lancaster, PA 17601

Name of law firm

April 12, 2018

Date

## United States Bankruptcy Court Eastern District of Pennsylvania

In re	Joseph D. Dinenno			18-12294
		Debtor(s)	Chapter	13

### VERIFICATION OF CREDITOR MATRIX

VERIFICATION OF CREDITOR WIATRIA	
The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.	
Date: April 12, 2018	/s/ Joseph D. Dinenno Joseph D. Dinenno Signature of Debtor